

Officer / Agent:

(b) (6), (b) (7)(C)

DEPARTMENT OF HOMELAND SECURITY

U.S. Customs and Border Protection

Date Printed: 10/25/2012

Subject: Unknown, ,

REPORTABLE USE OF FORCE INCIDENT DATA

SECTION A - INCIDENT IDENTIFICATION INFORMATION

Incident Number: (b) (7)(E)	Incident Title: Rocking/Discharge of Firearm	Orig. SIR No.: (b) (7)(E)	Event No.: (b) (7)(E)
Office: Office of Border Patrol	Owning Organization: Rio Grande Valley Sector/McAllen Station	Reporting Official: (b) (6), (b) (7)(C)	Telephone Number: (b) (6), (b) (7)(C)
Type of Incident: <input checked="" type="checkbox"/> Firearm <input type="checkbox"/> Intermediate Device <input type="checkbox"/> Other		Local Time / Day / Date of Incident: 10:58 Friday 2/19/2010	
Number of Subjects: 1	Number of Involved CBP Officers/Agents: 1	Other Offices / Agencies Involved:	

SECTION B - INCIDENT LOCATION INFORMATION

Address: Brushy area near river	City: Hidalgo	State: TX	County: Hidalgo
ZIP Code: 78557	Country: US	Longitude: (b) (7)(E)	Latitude: (b) (7)(E)
Character of Premises: Rural, Sparsely Populated, Undeveloped/Open, Outdoors			
Illumination:			
If Natural Illumination: Daylight	If Artificial Illumination: Not Applicable, Good lighting		
Environmental Conditions: Dry, Calm, Wooded area			Estimated Ambient Temperature (°F): 70

Additional Comments (relevant to the incident information page):

While patrolling the levee wall, Agent (b) (6), (b) (7)(C) observed a group of individuals attempting to circumvent the agents positions in an effort to evade arrest. Agent (b) (6), (b) (7)(C) notified nearby agents via Service radio and Agent (b) (6), (b) (7)(C) responded to assist Agent (b) (6), (b) (7)(C) in locating the group. As both agents approached the group cautiously, one subject threw a grapefruit sized rock at Agent (b) (6), (b) (7)(C) nearly striking his head. Agent (b) (6), (b) (7)(C), without hesitation, fired one round from his Service issued (b) (7)(E) at the threat and immediately both agents created distance between them and the subjects. Agent (b) (6), (b) (7)(C) observed about three subjects throwing rocks at Agent (b) (6), (b) (7)(C). Agent (b) (6), (b) (7)(C) notified other agents that the subjects were throwing rocks at him and requested further assistance.

SECTION C - INVOLVED OFFICER / AGENT INFORMATION

Name: (b) (6), (b) (7)(C)	Title: BORDER PATROL AGENT	Service EOD: (b) (6), (b) (7)(C)	Duty Location EOD: (b) (6), (b) (7)(C)
Duty Location: Rio Grande Valley Sector/McAllen Station			
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hand Usage: <input checked="" type="checkbox"/> Right-Handed <input type="checkbox"/> Left-Handed	Height: (b) (6), (b) (7)(C)	Weight: (b) (6), (b) (7)(C)
Age: (b) (6), (b) (7)(C)	Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty	Attire: <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain Clothes	Total YEARS Law Enforcement Experience: Federal: 2 State: 0 Local: 0
Wearing Body Armor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Operational Activity: Linewatch	

SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION

Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Any Involved Officer/Agent Injuries or Other Needed Information: None
Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E - WEAPONS USED BY OFFICER / AGENT

Firearm Information:			
Ownership: <input checked="" type="checkbox"/> CBP <input type="checkbox"/> Personal	Last Qualification Date: 01/19/2010	Qualification Score: 241	
Serial Number: (b) (6), (b) (7)(C)	Manufacturer: (b) (7)(E)	Model Name/Number: (b) (7)(E)	Caliber: (b) (7)(E)
Type: Rifle	Round Type (if Shotgun): Other	Rounds Fired: 1	
Firearm Shooting Information:			
Posture: Standing	Posture Orientation: Facing Squarely		
Cover Usage: No Cover	Weapon Grip: Two-handed		
Target Elevation: At/Above Eye Level	Aiming Method: Point Aim		
Firing Mode: Semi-automatic	Estimated Distance (Express in Yards): Minimum: 10 Maximum: 20		
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged			
Comments Concerning Collateral Damage: No suspect found injured by Gov of Mexico			

SECTION E (Continuation) - WEAPONS USED BY OFFICER / AGENT

Intermediate Device Information:	
Device:	Device Type:
Description:	
Intermediate Device Deployment Information:	
Posture:	Posture Orientation:
Cover Usage:	Weapon Grip:
Target Elevation:	Aiming Method:
Firing Mode:	Estimated Distance (<i>Express in Yards</i>): Minimum: 0 Maximum: 0
Did Collateral Contamination Occur?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Time Needed for Decontamination (<i>Express in Minutes</i>): <input type="checkbox"/> 0-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> More than 20
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged	
Comments Concerning Collateral Damage:	

Other Force Information:	
Device Type:	Description:
Comments:	
Other Force Deployment Information:	
Posture:	Posture Orientation:
Cover Usage:	Estimated Distance (<i>Express in Yards</i>): Minimum: 0 Maximum: 0
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged	
Comments Concerning Collateral Damage:	

SECTION F - INVOLVED OFFICER / AGENT SHOOTING INFORMATION*(Data Merged with Section E Above by Weapon)***SECTION G - INVOLVED OFFICER / AGENT TRAINING INFORMATION**

What Training (<i>in addition to Basic Academy</i>) Assisted the Involved Officer/Agent:
Training Recommendations:

SECTION H - SUBJECT INFORMATION

Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal	Reason (Animal): <input type="checkbox"/> Defense <input type="checkbox"/> Euthanize	Description of Animal:	
Name (Last, First, Middle): Unknown, ,		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
DOB or Age: Unknown	Height: Unknown	Weight: Unknown	Wearing Body Armor: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
Attire: <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None		<input type="checkbox"/> Deceased	

SECTION I - SUBJECT FIREARM (AND MISC. WEAPONS) INFORMATION

Firearm Information: <input type="checkbox"/> Unknown				
Type:		Round Type (if Shotgun): <input type="checkbox"/> Shot <input type="checkbox"/> Slug <input type="checkbox"/> Other:		
Caliber:	Serial Number:	Manufacturer:	Model Name/Number:	Rounds Fired:
Add Firearms (Use Supplemental Sheet for Additional Suspect Firearms):			<input checked="" type="checkbox"/> None <input type="checkbox"/> See Supplemental	
Subject Other Weapon Information (NOT Firearm): Rocks				

SECTION I-A - FORCE / WEAPON(S) USED ON SUBJECT

Weapon: (b) (7)(E)	Officer/Agent: (b) (6), (b) (7)(C)
Subject: Unknown, ,	
Effective at Stopping Immediate Threat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Did Weapon or Device Function Properly / Perform As Expected?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

ADDITIONAL COMMENTS

Subject Comments:

Subjects absconded back to Mexico. No subjects found by Gov of Mexico.

SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (7)(E)	(b) (7)(E)	(b) (6), (b) (7)(C)
